

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA
CIVIL ACTION NO.: 1:18-cv-1046**

The undersigned, being first duly sworn, deposes and says as follows:

- (1) I am Attorney of Record for the Plaintiff in the above-captioned action.

(2) On March 25, 2019, pursuant to Rule 4 of the Federal Rules of Civil Procedure, I served a copy of the Plaintiff's Summons, Complaint and Amended Complaint upon the Defendant, by certified mail, return receipt requested.

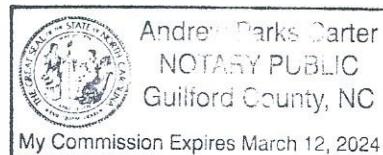
(3) Service was completed on March 27, 2019, as shown by the original domestic return receipt number 7015 0640 0001 4412 7079, attached hereto as Exhibit A.

This the 3rd day of April, 2019.

Gray Newell Thomas, LLP

BY: /s/ Angela Gray
Angela Gray
7 Corporate Center Court, Suite B
Greensboro, NC 27408

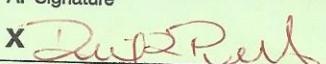
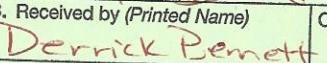
SWORN AND SUBSCRIBED before me
this the 3 day of April, 2019.



Notary Public

My Commission Expires: March 12, 2024

EXHIBIT A

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <input type="checkbox"/> C. Date of Delivery Derrick Bennett 3-22-9</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
1. Article Addressed to: Market America, Inc. c/o Marc Ashley, Registered Agent 1302 Pleasant Ridge Road Greensboro, NC 27409-9415		<p>3. Service Type</p> <table border="0"><tr><td><input type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Priority Mail Express®</td></tr><tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail™</td></tr><tr><td><input checked="" type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr><tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr><tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr><tr><td>Insured Mail</td><td></td></tr><tr><td>Insured Mail Restricted Delivery over \$500</td><td></td></tr></table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	Insured Mail		Insured Mail Restricted Delivery over \$500	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																		
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																		
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																		
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Insured Mail																			
Insured Mail Restricted Delivery over \$500																			
2. Article Number (Transfer from service label) 7015 0640 0001 4412 7079		Domestic Return Receipt																	
PS Form 3811, July 2015 PSN 7530-02-000-9053																			